PART R VISION CARE SERVICES PROVIDER HANDBOOK

PART R VISION CARE SERVICES PROVIDER HANDBOOK TRANSMITTAL LOG

This log is designed as a convenient record sheet for recording receipt of handbook updates. Providers must delete old pages and insert new pages as instructed. Use of this log will eliminate errors and ensure an up-to-date handbook.

Each update to Part R of the handbook is numbered sequentially. This sequential numbering system alerts the provider to any updates not received. For example, if the last transmittal number on your log is R-3 and you receive R-5, you are missing R-4. If a provider is missing a transmittal, copies of <u>complete</u> provider handbooks may be purchased by completing the form in Appendix 36 of Part A of the WMAP Provider Handbook.

Transmittal Number	Initials	Issue Date
R-1		03/92
R-2		12/92
R-3		06/94
R-4		10/94
R-5		03/95

Transmittal Number	Initials	Issue Date
	•	
	· · · · · · · · · · · · · · · · · · ·	

INTRODUCTION

The Wisconsin Medical Assistance Program (WMAP) is governed by a set of regulations known as the Wisconsin Administrative Code, Rules of Health and Social Services, Chapters HSS 101-108, and by state and federal law. These regulations are interpreted for provider use in two parts of the WMAP provider handbook. The two parts of the handbook are designed to be used in conjunction with each other and with the Wisconsin Administrative Code.

<u>Part A</u> of the WMAP handbook includes general policy guidelines, regulations, and billing information applicable to all types of providers certified in the WMAP. The <u>service specific</u> part of the handbook includes information on provider eligibility criteria, covered services, reimbursement methodology, and billing instructions. Each provider is sent a copy of the Part A and appropriate service specific part of the handbook at the time of certification.

Additional copies of provider handbooks may be purchased from EDS. Refer to Appendix 3 of Part A of the WMAP Provider Handbook for the address and telephone number.

When requesting a handbook, be sure to indicate the type(s) of service provided (e.g., physician, chiropractic, dental).

It is important that both the provider of service and the provider's billing personnel read all materials prior to initiating services to ensure a thorough understanding of WMAP policy and billing procedures.

NOTE: For a complete source of WMAP regulations and policies, the provider is referred to the Wisconsin Administrative Code, Chapters HSS 101-108. In the event of any conflict in meaning between HSS 101-108 and the handbook, the meaning of the Wisconsin Administrative Code will hold. Providers may purchase HSS 101-108 from Document Sales at the address indicated in Appendix 3 of Part A of the WMAP Provider Handbook.

Providers should also be aware of other documents, including state and federal laws and regulations, relating to the WMAP:

- Chapter 49.43 49.497, Wisconsin Statutes.
- Title XIX of the Social Security Act and its enabling regulations, Title 42 Public Health, Parts 430-456.

A list of common terms and their abbreviations appears in Appendix 30 of Part A of the handbook and also in the Wisconsin Administrative Code, Chapter HSS 101.

VISION CARE SERVICES TABLE OF CONTENTS

I.	CE!	NERAL INFORMATION	Page #
	A.	TYPE OF HANDBOOK	R1-001
	B.	PROVIDER INFORMATION	
	D.	Provider Eligibility and Certification	
		Scope of Service	
		Reimbursement	
	~	Provider Responsibilities	
	C.	RECIPIENT INFORMATION	
		Eligibility for Medical Assistance	
		Medical Status	
		Copayment	
		Managed Care Program Coverage	R1-003
п.	CO	VERED SERVICES & RELATED LIMITATIONS	
	A.	INTRODUCTION	R2-001
	В.	STATE PURCHASE EYEGLASS CONTRACT (SPEC)	R2-001
		Procedures for Ordering Materials	
		SPEC Lenses	
		SPEC Frames	
		Ordering Partial Appliances	
		Non-Contracted Materials/Out-of-State Providers/Out-of-State Foster Children	
	C.	EVALUATION AND DIAGNOSTIC SERVICES	
	О.	Evaluation and Management Services	
		Evaluation and Management, New Patient	
		Evaluation and Management, Visits	
		Ophthalmological Examinations	
		Low Vision Eye Examination	
	ъ	Supplemental Tests	
	D.	DISPENSING AND REPAIR SERVICES	
		Dispensing Fees	
		Dispensing Complete SPEC Appliances	
		Dispensing SPEC Frames	
		Dispensing SPEC Temple or Temples	
		Dispensing SPEC Lens or Lenses	R2-003
		Dispensing a Complete Appliance or Lens(es) with a Changed Prescription	R2-003
		Repair Service	R2-004
		Date of Service	R2-004
	E.	COVERED VERSUS NONCOVERED VISION MATERIALS	R2-004
	F.	PRESCRIPTIONS	
		Requirements of Prescriptions for Drugs	
		Prescription Requirements	
		"Brand Medically Necessary" Requirements	
		Nursing Home Orders	
		Drug Rebate System	
	G.	NONCOVEDED SEDVICES	KZ-005
	G.	NONCOVERED SERVICES	K2-006
ш.		OR AUTHORIZATION	
	Α.	GENERAL REQUIREMENTS	R3-001
	B.	SERVICES REQUIRING PRIOR AUTHORIZATION	R3-001

VISION CARE SERVICES TABLE OF CONTENTS

(continued)

***	DD		Page #
ш.		OR AUTHORIZATION (continued)	
	C.	PRIOR AUTHORIZATION FOR NON-CONTRACTED MATERIALS	
		Contact Lenses	
		Low Vision Aids	
		Special Lenses and Frames	R3-002
	D.	PROCEDURES FOR OBTAINING PRIOR AUTHORIZATION	
	E.	PROCEDURES AND SERVICES PRICED AT PRIOR AUTHORIZATION	R3-002
		Submitting the Prior Authorization Request Form (PA/RF)	R3-002
		Receiving an Approved PA/RF	
		Submitting Amendments to An Approved PA/RF	
	F.	OBTAINING AND SUBMITTING PRIOR AUTHORIZATION REQUEST FORMS	R3-003
	G.	BACKDATING PRIOR AUTHORIZATION	R3-003
IV.	RII.	LING INFORMATION	
44.	A.	COORDINATION OF BENEFITS	D 4 001
	B.	MEDICARE/ MEDICAL ASSISTANCE DUAL ENTITLEMENT	R4-001
	IJ.	* · · · · ·	
	~	Billing for Medicare Noncovered Refractions	
	C.	QMB-ONLY RECIPIENTS	R4-001
	D.	BILLED AMOUNTS	R4-001
	E.	ORDERING THROUGH STATE PURCHASE EYEGLASS CONTRACT (SPEC)	
		Order Form Requirements	R4-002
		Ordering SPEC Frames or Temples	R4-002
		Ordering SPEC Lenses	R4-002
	F.	NON-CONTRACTED MATERIALS	R4-002
		Ordering Non-Contracted Lenses and Frames	R4-002
		Billing for Non-Contracted Lenses and Frames	R4-002
	G.	BILLING FOR EVALUATION AND MANAGEMENT PROCEDURE CODES	
		AND CONSULTATIONS	R4-003
		Evaluation and Management Procedure Codes	R4-003
		Other Evaluation and Management Services	R4-003
		Consultations	R4-003
	H.	BILLING FOR PROCEDURES PRICED AT PRIOR AUTHORIZATION	R4-003
	I.	BILLING FOR UNLISTED PROCEDURE CODES	
	J.	LABORATORY TESTS	
	•.	- · -	
	K.	Laboratory Test Preparation and Handling Fees	K4-004
	Λ.	CLAIM SUBMISSION	
		Paperless Claim Submission	R4-004
		Paper Claim Submission	R4-004
	_	Submission of Claims	R4-005
	L.	DIAGNOSIS CODES	R4-005
	М.	PROCEDURE CODES	R4-005
	N.	MODIFIERS	R4-005
	О.	FOLLOW-UP TO CLAIM SUBMISSION	R4-005
V.	APP	ENDICES	R5-001

VISION CARE PROVIDER HANDBOOK APPENDICES

		Page#
1.	Vision Care Services, Procedure Codes, and Copayment Table	R5-003
2.	Lenses Available Through SPEC	R5-011
3.	Frames Available Through SPEC	R5-013
4.	National HCFA 1500 Claim Form Completion Instructions for Vision Services	R5-015
5.	HCFA 1500 Claim Form Sample	R5-021
6.	Instructions for the Completion of the Prior Authorization Request Form (PA/RF)	R5-023
7.	Prior Authorization Request Form (PF/RF) Sample	R5-025
8.	Instructions for the Completion of the Prior Authorization Vision Attachment (PA/VA)	R5-027
9.	Prior Authorization Vision Services Attachment (PA/VA) Sample	R5-029
10.	Diagnosis Codes	R5-031
11.	Allowable Vision Care Place of Service (POS) and Type of Service (TOS) Codes for Vision Care Procedure Codes	R5-033
12.	WMAP Covered Drugs	R5-035
13.	WMAP Noncovered Drugs	R5-037